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U.S. DISTRICT COURT E.D.N.Y.

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EDNY PRO SE OFFICE

LONG ISLAND OFFICE  
UNITED STATES DISTRICT COURT  
EASTERN DISTRICT OF NEW YORKLACHANCE DEON BRYANT 17A3781

Plaintiff,

[Insert full name of plaintiff/prisoner]

CV-17 7482

## CIVIL RIGHTS COMPLAINT

42 U.S.C. § 1983

BIANCO, J.

JURY DEMAND

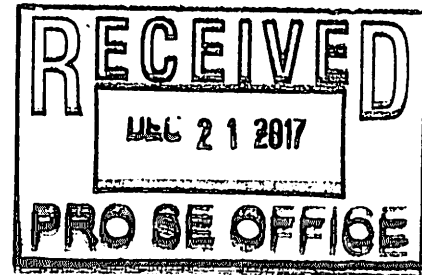
BROWN, M. J.

YES ☒ NO ☐

-against-

PETER RYAN 1 West Chester StLong Beach NY 11561John Leddy 1 West Chester St.Long Beach NY 11561

Defendant(s).



[Insert full name(s) of defendant(s). If you need additional space, please write "see attached" and insert a separate page with the full names of the additional defendants. The names listed above must be identical to those listed in Part I]

- I. **Parties:** (In item A below, place your name in the first blank and provide your present address and telephone number. Do the same for additional plaintiffs, if any.)

A. Name of plaintiff LACHANCE DEON BRYANT

If you are incarcerated, provide the name of the facility and address:

Clinton Corr. FacilityP.O. BOX 2600DANEMORA, N.Y. 12929Prisoner ID Number: 17A3781

If you are not incarcerated, provide your current address:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Telephone Number: \_\_\_\_\_

B. List all defendants. You must provide the full names of each defendant and the addresses at which each defendant may be served. The defendants listed here must match the defendants named in the caption on page 1.

Defendant No. 1

PETER RYAN  
Full Name

LONG BEACH POLICE OFFICER  
Job Title

1 WEST CHESTER ST

LONG BEACH N.Y 11561  
Address

Defendant No. 2

JOHN LEDDY  
Full Name

LONG BEACH POLICE OFFICER  
Job Title

1 WEST CHESTER ST.

LONG BEACH N.Y 11561  
Address

Defendant No. 3

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_

\_\_\_\_\_  
Address

Defendant No. 4

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Address

Defendant No. 5

\_\_\_\_\_  
Full Name

\_\_\_\_\_  
Job Title

\_\_\_\_\_  
Address

**II. Statement of Claim:**

(State briefly and concisely, the facts of your case. Include the date(s) of the event(s) alleged as well as the location where the events occurred. Include the names of each defendant and state how each person named was involved in the event you are claiming violated your rights. You need not give any legal arguments or cite to cases or statutes. If you intend to allege a number of related claims, number and set forth each claim in a separate paragraph. You may use additional 8 ½ by 11 sheets of paper as necessary.)

Where did the events giving rise to your claim(s) occur? Long Beach Rail Road L.I.R.R.  
Station Park Pl. / Park Ave.

When did the events happen? (include approximate time and date) 12-25-16 12:45AM

Facts: (what happened?) I LACHANCE BRYANT WAS APPROACHED BY  
A LONG BEACH POLICE OFFICER WHILE IN LONG BEACH LIRR  
& THE OFFICER TOOK OUT HIS WEAPON ON ME & I RAN OUT  
THE EXIT OF THE L.I.R.R. TO EXIT THE TAXI STAND SCARED  
FOR MY LIFE. I RAN BEHIND TWO TAXI'S THAT WERE NOT  
DIRECTLY IN THE STREET OR ROAD. PETER RYAN WAS DRIVING  
WHILE JOHN LEDDY HANGING HIS HEAD OUT THE WINDOW DIRECTING  
PETER RYAN WHILE HEADLIGHTS ARE OFF. SOON AS I RAN  
OUT FROM IN BETWEEN THE TAXI'S, PETER RYAN RAN THE  
POLICE CAR INTO MY LEGS & LOWER TORSO. THE OFFICER  
USED EXCESSIVE FORCE BY HITTING & ATTEMPTING TO KILL  
ME BY STRIKING ME WITH THE CAR. THE CONTACT OF THE  
CAR IMPACT INJURED MY FOOT & I BROKE THE WINDSHIELD  
OF THE CAR WITH THE INJURY TO MY HEAD & FACE.

II.A. Injuries. If you are claiming injuries as a result of the events you are complaining about, describe your injuries and state what medical treatment you required. Was medical treatment received?

BROKEN OUT 2 FRONT TEETH, FRACTURED RIGHT FOOT & HEAD  
TRAUMA. I WAS TRANSFERRED TO NASSAU COUNTY HOSPITAL, SOUTH  
NASSAU WHERE THEY TREATED ME FOR INJURIES & RECEIVED  
TREATMENT. MY TEETH & GUMS WERE CHECKED AS WELL AS  
MY RIGHT FOOT

III. Relief: State what relief you are seeking if you prevail on your complaint.

I WANT PETER RYAN & JOHN LEDDY CHARGED FOR VIOLENCE  
ASSAULT & I AM SEEKING THEY BOTH BE PUT IN JAIL.

I'M ALSO SEEKING 5 MILLION DOLLARS FOR PAIN & SUFFERING,  
MENTAL ANGUISH, EXCESSIVE FORCE, ASSAULT & BATTERY.

PLAINTIFF SEEKS COMPENSATORY, PUNITIVE & NOMINAL RELIEF  
IN THE AMOUNT OF 5 MILLION DOLLARS

I declare under penalty of perjury that on NOVEMBER 30<sup>th</sup> 2017 I delivered this  
complaint to prison authorities at CLINTON CORRECTIONAL FACILITY to be mailed to the United  
(date) (name of prison)  
States District Court for the Eastern District of New York.

I declare under penalty of perjury that the foregoing is true and correct.

Dated: 11/30/17

Lachance Bryant  
Signature of Plaintiff

CLINTON CORRECTIONAL FACILITY  
Name of Prison Facility or Address if not incarcerated

P.O. BOX 2000

DANNEMORA, N.Y. 12929

Address

17A3781  
Prisoner ID#